



Dear Medicaid and PeachCare for Kids Providers,

In this payment cycle (June 30, 2003), the Department of Community Health continued to make advance payments to payees who have providers billing in the below noted categories of service. The advance payments were offset by the paid claim amount processed in this payment cycle.

010 Inpatient Hospital  
070 Outpatient Hospital  
080 Swing Bed Hospital  
140 Skilled Care State Nursing Facility  
150 Intermediate Care State Nursing Facility  
160 Intermediate Care Nursing Facility  
170 Intermediate Care MR State Nursing Facility  
320 Durable Medical Equipment Services  
370 Emergency Ground Ambulance Transportation  
430 Physicians Program  
431 Physician's Assistant  
440 Community Mental Health Services  
450 Pediatric Dental  
460 Adult Dental  
470 Vision Care  
540 Federally Qualified Health Center  
541 Rural Health/Federally Qualified Health Center-Hospital based  
542 Freestanding Rural Health Clinic  
590 Community Care-Personal Support Service Program  
660 Independent Care Waiver Program  
680 Mental Retardation Waiver Program  
681 Community Habilitation and Support Services Waiver Program  
690 Hospice  
721 Dialysis Program Professional  
770 Waivered Home Care Services  
930 SOURCE Program

For all other providers, in this payment cycle, your payment amount is based on actual paid claims in the system. **Due to continuing processing problems for specific COS in the system, DCH has designated the following COS to have their recoupment percentage reduced to 0 percent (0%):**

110 Skilled Care Nursing Facility  
200 Home Health Services

320 Durable Medical Equipment Services  
330 Orthotics, Prosthetics and Hearing Services  
450 Pediatric Dental Services  
460 Adult Dental Services  
490 Oral Surgery  
540 Federally Qualified Health Center  
720 Dialysis Technical Services

Please note that payments are made to the Payee listed for each provider in MHN. If a payee has multiple providers associated with it and any one of those providers is in one of the two categories above, the process described above will occur with Advance payments taking priority over providers having paid claims recouped at 0 percent (0%).

For those providers in COS other than those listed above, DCH will recoup previously paid advance payments in the amount of **10 percent** of your paid claims total from this cycle. The amount recouped will be applied to any account receivable that has been established as a result of the department making advance payments during the transition to a new third party administrator. These adjustments will appear on your RA as a Financial Transaction.

Thank you for your continued participation and support of the Georgia Medicaid and PeachCare for Kids Programs.